



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

July 17, 2008

Thair Pond  
Tomorrow's Hope Navarro  
1655 Fairview Avenue Suite 100  
Boise, Idaho 83702

Provider #13G061

Dear Mr. Pond:

On **July 11, 2008**, a Complaint Survey was conducted at Tomorrow's Hope Navarro. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00003669**

**Allegation:** Individuals are being verbally and physically abused.

**Findings:** An unannounced on-site complaint investigation was conducted on 7/10/08 and 7/11/08. During that time, observations, record review, and interviews with facility staff and outside professional services were completed with the following results:

When asked during the entrance conference on 7/10/08 at 9:10 a.m., the Administrator stated there had been no reported allegations of abuse or neglect for at least eight months but a grievance had been filed in June 2008. The Administrator stated the staff person who filed the grievance verbally reported to the Office Manager that other staff were using the facility van to run personal errands. The Administrator stated the grievance was electronically mailed (e-mailed) to the Office Manager.

When asked, the Office Manager stated on 7/10/08 at 9:47 a.m., that she received the e-mail on 6/15/08 but did not open it as she believed it had to do with staff using the van. The Office Manager reported she opened the e-mail on the morning of 7/7/08 and it contained an allegation of verbal and physical abuse towards the individuals residing in the facility.

The Office Manager stated she immediately notified the Administrator and QMRP (Qualified Mental Retardation Professional) about the allegation.

During the course of the investigation, nine (9) direct care staff, the PQ (Para-QMRP), the QMRP, the LPN (Licensed Practical Nurse), and a Medical Assistant, who was contracted to administer insulin to an individual three times a day, were interviewed. All staff reported they had not witnessed and had no knowledge of any verbal and physical abuse occurring to the individuals residing in the facility.

The QMRP stated during an interview on 7/10/08 from 10:37 - 11:18 a.m., after she was informed of the allegation, she visually assessed each individual for bruises, cuts, scratches, etc. and found none. The QMRP stated she reviewed individuals' progress notes and behavior data for indications of abuse but found nothing.

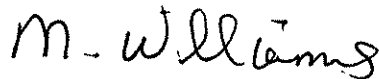
Observations were conducted in the facility on 7/10/08. Individuals were not noted to have cuts, scrapes, bruises, or scratches. Incident/Accident reports, Emergency Restraint reports, and Client-to-Client reports, dated 8/07 - 6/08, were reviewed. None of the reports contained evidence of verbal or physical abuse.

Therefore, the allegation was unsubstantiated. However, the allegation was not immediately reported to the Administrator and the deficient practice was cited at W153. Additionally, the individuals residing in the facility were not protected during the first three days of the facility's investigation and the deficient practice was cited at W155.

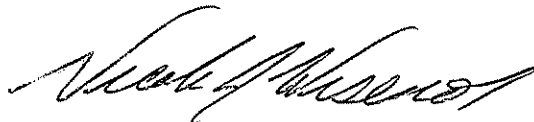
Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



MONICA WILLIAMS  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MW/mlw



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PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

July 17, 2008

Thair Pond  
Tomorrow's Hope Navarro  
1655 Fairview Avenue Suite 100  
Boise, Idaho 83702

RE: Tomorrow's Hope Navarro, Provider #13G061

Dear Mr. Pond:

This is to advise you of the findings of the Complaint survey of Tomorrow's Hope Navarro, which was conducted on July 11, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 30, 2008**, and keep a copy for your records.

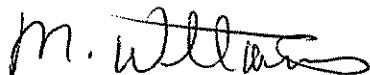
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by July 30, 2008. If a request for informal dispute resolution is received after July 30, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MW/mlw

Enclosures

Tomorrow's Hope, Inc  
1655 Fairview Ave, Suite 100  
Boise, Idaho 83702  
Phone: 208-3019-0760

Monica Williams  
Health Facility Surveyor  
Non-Long Term Care  
Bureau of Facility Standards  
PO Box 83720  
Boise, Idaho 83720-0036

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JUL 28 2008

FACILITY STANDARDS

July 23, 2008

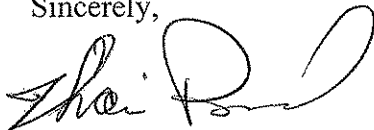
RE: Statement of Corrections for Navarro Survey

Dear Ms Williams,

Please find attached our statement of corrections for the deficiencies found during your recent survey of our Navarro ICF/MR.

If you have any questions, please contact me at the above address and phone.

Sincerely,

A handwritten signature in black ink, appearing to read "Thair Pond", written over a horizontal line.

Thair Pond  
Administrator

Inc  
Cc. File, Navarro

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/11/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOMORROW'S HOPE - NAVARRO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>946 NORTHWEST 12TH</b> <b>MERIDIAN, ID 83642</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  The following deficiencies were cited during the complaint survey.  The surveyors conducting the survey were: Monica Williams, QMRP, Team Leader Jim Troutfetter, QMRP  Common abbreviations used in this report are: LPN - Licensed Practical Nurse PQ - Para Qualified Mental Retardation Professional QMRP - Qualified Mental Retardation Professional	W 000			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure all allegations of verbal and physical abuse were immediately reported to the administrator for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. This resulted in the potential for on-going abuse to occur without appropriate corrective action being taken. The findings include:  1. When asked during the entrance conference on 7/10/08 at 9:10 a.m., the Administrator stated there had been no reported allegations of abuse or neglect for at least eight months but a	W 153	W153 Professional and administrative staff retrained to report all allegations of abuse immediately to Administrator or acting administrator in his absence and to other officials in accordance with State law and regulations.  Administrator responsible by 7/11/08  Professional and administrative staff trained to report all allegations of abuse to Administrator or Acting Administrator immediately.  Incident/Accident reports, grievances regarding resident care, and complaints of alleged abuse are to be reviewed during QA review and at least monthly to ensure proper reporting and investigations have been performed.  Administrator responsible by 7/23/08		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Thair Pond*

Thair Pond Administrator 07/23/08

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 153	<p>Continued From page 1</p> <p>grievance had been filed in June 2008. The Administrator stated the staff person who filed the grievance verbally reported to the Office Manager that other staff were using the facility van to run personal errands. The Administrator stated the grievance was electronically mailed (e-mailed) to the Office Manager and that he had not been notified of any allegations of abuse.</p> <p>When asked, the Office Manger stated on 7/10/08 at 9:47 a.m., that she received the e-mail on 6/15/08 but did not open it as she believed it had to do with staff using the van. The Office Manager reported she opened the e-mail on the morning of 7/7/08 and it contained an allegation of verbal and physical abuse towards the individuals residing in the facility. The Office Manager stated she immediately notified the Administrator and QMRP about the allegation.</p> <p>The "Notice of Grievance" that was e-mailed to the Office Manager was dated 6/15/08. The Grievance documented that unnamed staff members were showering individuals with cold water, hitting them with shoes, encouraging them to kick and hit each other, and the "Clients and staff of the house are verbally abused by other staff members with fowl [sic] language being used towards them."</p> <p>The facility's policy, titled Treatment of Clients/Residents, dated 9/07, stated staff were to inform the supervisor of any abuse and the supervisor was to notify the Administrator. The supervisor, who was the PQ, was interview on 7/11/08 at 8:30 a.m. When asked, the PQ stated she was not informed of any abuse occurring to individuals residing in the facility.</p>	W 153			

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W 153	Continued From page 2	W 153		
W 155	<p>The facility failed to ensure all allegations of verbal and physical abuse were immediately reported to the Administrator.</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must prevent further potential abuse while the investigation is in progress.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure potential verbal and physical abuse was prevented while an investigation was in process for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. This resulted in individuals not being protected from potential abuse during the course of an investigation. The findings include:</p> <p>1. When asked during the entrance conference on 7/10/08 at 9:10 a.m., the Administrator stated there had been no reported allegations of abuse or neglect for at least eight months but a grievance had been filed in June 2008. The Administrator stated the staff person who filed the grievance verbally reported to the Office Manager that other staff were using the facility van to run personal errands. The Administrator stated the grievance was electronically mailed (e-mailed) to the Office Manager and that he had not been notified of any allegations of abuse.</p> <p>When asked, the Office Manger stated on 7/10/08 at 9:47 a.m., that she received the e-mail on 6/15/08 but did not open it as she believed it had to do with staff using the van. The Office Manager reported she opened the e-mail on the morning of 7/7/08 and it contained an allegation</p>	W 155	<p>W155</p> <p>Additional Supervision of staff and residents was provided during the survey process to ensure safety of residents. Supervisory staff from an other facility provided additional supervision of staff and residents</p> <p>QMRP responsible by 7/10/08</p> <p>Professional and administrative staff trained to provide protection and supervision during investigations of alleged abuse to ensure safety of residents.</p> <p>Incident/accident reports, grievances regarding resident care, and complaints of alleged abuse will be reviewed during monthly QAs to ensure proper supervision and protection was provided to ensure safety of residents.</p> <p>Administrator and Program Director responsible by 07/23/08</p>	



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W 155	<p>Continued From page 3</p> <p>of verbal and physical abuse towards the individuals residing in the facility. The Office Manager stated she immediately notified the Administrator and QMRP about the allegation.</p> <p>The "Notice of Grievance" that was e-mailed to the Office Manager was dated 6/15/08. The Grievance documented that unnamed staff members were showering individuals with cold water, hitting them with shoes, encouraging them to kick and hit each other, and the "Clients and staff of the house are verbally abused by other staff members with fowl [sic] language being used towards them."</p> <p>The QMRP stated during an interview on 7/10/08 from 10:37 - 11:18 a.m., after she was informed of the allegation, she visually assessed each individual for bruises, cuts, scratches, etc. and found none. The QMRP stated she reviewed individuals' progress notes and behavior data for indications of abuse but found nothing. When asked, the QMRP stated she had not interviewed Individual #1 - Individual #7 and she had not interviewed any staff. When asked what precautions were in place to protect Individual #1 - Individual #7 during the course of the facility's investigation, the QMRP stated was told to be "on the floor" and watch staff to ensure verbal and physical abuse were not occurring. When asked about the level of supervision when she (the QMRP) was not in the facility, the QMRP stated there was no additional supervision put in place. On 7/10/08 at 11:18 a.m., the QMRP telephoned a PQ (who worked at another facility owned by the same company) and he arrived at the facility to provide additional supervision.</p> <p>The facility failed to ensure Individual #1 -</p>	W 155			

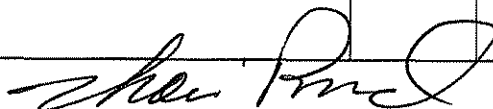
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W 155	Continued From page 4 Individual #7 were protected from potential verbal and physical abuse during the first three and a half days of the facility's investigation.	W 155			

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MM177	<p>16.03.11.075.09 Protection from Abuse and Restraint</p> <p>Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W153 and W155.</p>	MM177	<p>MM177</p> <p>Refer to W153 and W155</p>	

Bureau of Facility Standards



TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Chair Pond, Administrator 07/23/08

STATE FORM

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If continuation sheet 1 of 1